# Proton-Activated Chloride Channel 1 (PACC1) is essential for innate host defense against bacterial sepsis

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**Abstract**

Bacterial sepsis remains a devastating clinical problem. Here, we describe a protective role for the

recently discovered acid-sensitive, proton-activated chloride channel, PACC1 (PAC/ASOR/TMEM206),

during sepsis. Initially, we found PACC1 was enriched in healthy human and mouse mononuclear

phagocytes, particularly macrophages, and differentially regulated by inflammatory stimuli, suggesting

PACC1 involvement in innate immunity. To further investigate, we generated *de novo Pacc1* knockout ($^-$

$^{/-}$) mice, which presented without major immunologic abnormalities at baseline. Compared to wildtype

(WT), *Pacc1$^{-/-}$* myeloid cells showed normal phagocytic uptake of acid-insensitive *Escherichia coli*

*BioParticles*, but impaired development of the acidifying phagolysosome using acid-sensitive *E. coli*

BioParticles. Transcriptomic profiling of *Pacc1$^{-/-}$* macrophages revealed dysregulated phagolysosomal

and cytokine networks (e.g., interferons). Because phagolysosomal bacterial clearance is essential to

resolve infection, we challenged *Pacc1$^{-/-}$* mice with intraperitoneal gram-negative *E. coli* sepsis. *Pacc1$^{-/-}$*

mice displayed increased bacterial burden, immune cell infiltration, inflammation, and lethality. In

contrast, phagocytosis-independent *E. coli* lipopolysaccharide (LPS)-induced endotoxemia yielded

comparable WT and *Pacc1$^{-/-}$* survival, as well as similar inflammatory responses. Finally, we engineered

*Pacc1*-floxed ($^{fl/fl}$) mice crossed with a myeloid lineage Cre-deleter strain to interrogate myeloid cell-

intrinsic PACC1 *in vivo*. Consistent with a predominate role for PACC1 during phagocytosis and bacterial

clearance in these cells, *LysM-Cre/Pacc1$^{fl/fl}$* mice exhibited impaired *E. coli* sepsis survival but indifferent

endotoxemia phenotypes. In conclusion, PACC1 links sterilizing phagolysosomal activity with immune

networks in sepsis pathobiology.

**Significance Statement**

Bacterial sepsis remains a major global health burden. Here, we report an essential role for the recently

discovered acid-sensitive chloride channel, PACC1 (PAC/ASOR/TMEM206), in protective host defense

during bacterial infection and sepsis. PACC1 is highly expressed in human and mouse phagocytic

myeloid cells, particularly macrophages, where it regulates phagocytic bacterial clearance and

inflammatory responses. Using *de novo* generated mice, we show that global or myeloid cell-targeted

deletion of PACC1 impairs development of phagolysosomal acidification, confers susceptibility to

bacterial infection and excessive inflammation, and undermines host defense. These findings warrant

further investigation of PACC1 in sepsis pathobiology.

**Main Text**

**Introduction**

Life-threatening bacterial infections are a devastating clinical problem, and the molecular mechanisms of protective host defense require continued investigation. An estimated ~50 million annual cases of sepsis worldwide have mortality rates of 20-50% (1). Strikingly, sepsis may account for up to 50% of US hospital deaths and is thought to be the most expensive condition affecting the US healthcare system (2, 3). Pneumonia is a major risk factor for sepsis, causing approximately 50% of all cases (4) and is itself a leading cause of death in children under five and in the elderly (5). Bacterial infections cause the majority of sepsis deaths (6), despite a recent surge in viral sepsis due to COVID-19 (7). Gram-negative *Escherichia coli* is a major pathogen of systemic bacteremia, especially in higher income countries, and the gram-positive bacterium, *Streptococcus pneumoniae*, is the most common etiology of bacterial pneumonia (8). Unfortunately, antibiotic resistance has been increasing amongst bacterial pathogens, and infection-associated mortality in the US has not significantly improved since the widespread use of antibiotics (6, 9). Treatment of bacterial infections is further complicated by limited diagnostic capabilities—the exact infectious microbe remains unidentified in a plurality of bacterial sepsis cases (6). Due to these ongoing public health threats, our laboratory (10-13) and many others (5, 14, 15) have been investigating broadly applicable host defense mechanisms important for innate immune responses to bacterial infections.

Tissue-resident macrophages mediate initial host defense against invading bacterial infections and interface at mucosal/serosal sites (16). Phagocytosis by these surveilling macrophages and other myeloid cells which are rapidly recruited to the site of infection, including neutrophils and monocytes, are essential for preventing and limiting infection severity (17, 18). During phagocytosis, bacteria at the plasma membrane are internalized in a receptor-mediated process into the membrane-bound phagosome, which is followed by maturation and acidification of this compartment, culminating in fusion

with the acidic lysosome to form the phagolysosome. The strongly acidic pH of the phagolysosome and

a cocktail of proteolytic enzymes kill bacteria (17, 18). Thus, the study of host defense mechanisms

related to phagolysosomal development and function are of major relevance to bacterial infections.

Chloride is the most abundant free anion in humans and governs biological functions ranging from

intercellular signaling to intracellular vesicular acidification (19, 20). Decades of research has uncovered

many subtypes of cellular/intracellular membrane chloride channels and transporters (19). To cross

cellular membranes, chloride requires channels for passive diffusion, or specific proteins to actively

transport chloride in conjunction with other ions. Chloride channels/transporters have been linked to the

etiology of many diseases and implicated as therapeutic targets in cystic fibrosis, neurodegeneration,

epilepsy, osteopetrosis, hypertension, and infection (19, 20).

The molecular identity of a widely expressed acid-activated chloride channel, PACC1 (also known

as PAC, ASOR, TMEM2026) has recently been identified in two independent genome-wide siRNA

screens (21, 22), validating years of electrophysiological experimental data that had suggested the

existence of such a channel (21-25). PACC1 channels are homotrimers of TMEM206 subunits that each

contain two transmembrane domains (21, 22, 26-29). Mutagenesis and cryo-electron microscopy studies

have shown that all six transmembrane domains of the trimer participate in forming a chloride-selective

pore that is open upon acid-induced contraction of their extracellular/luminal domains (21, 22, 26-29).

This results in a steep pH dependence with PACC1 being closed at neutral pH and maximally activated

at pH 4.5, in addition to a steep voltage dependence (21-29).

Due to its unique acid sensitivity, studies initially focused on how PACC1 promotes acid-induced

cell death (21, 22, 25, 30, 31), particularly in the brain where PACC1 is highly expressed and where

extracellular pH can drop during ischemic stroke (30, 31). However, beyond acidosis, the role of PACC1

in health and disease remains largely unknown.

PACC1 is ubiquitously expressed and has been detected in all mammalian cells (21, 22). PACC1

is also highly evolutionarily conserved, with >90% conservation between mice and humans (21, 22),

suggesting essential biological functions. Beyond the established role of PACC1 in acidotoxicity, stroke,

and regulating responses to extracellular acidification (21, 22, 30, 32), its primary function may be the

regulation of intracellular vesicles whose acidic pH allows PACC1 activity (20, 33). Indeed, after its

identification, PACC1 has been characterized in these compartments (21, 22, 34-37) and recent studies

have identified a role for PACC1 in endosomal acidification and macropinosome resolution (34-37).

Here, we hypothesize PACC1 is essential in the phagolysosome, which contains a highly acidic

compartment optimal for PACC1 activation (28) with one of the highest concentrations of chloride (20).

We found PACC1 in macrophages is required for effective bacterial eradication, inflammatory responses,

and host resistance against sepsis.

**Results**

*Human PACC1 is expressed abundantly in macrophages and other mononuclear phagocytes*

PACC1 is ubiquitously expressed and has been detected in every mammalian cell type (21, 22). To explore where PACC1 may play a more predominant role, we first analyzed publicly available human single-cell RNA sequencing (scRNA-seq) data from the Human Protein Atlas (HPA) (38). The HPA scRNA-seq is based on 31 published datasets, and expression profiles were generated by converting read counts to normalized transcripts per million (nTPM). Amongst all cells, *PACC1* expression was highly enriched within immune cells (**Fig. 1A**). Moreover, within immune cells in peripheral blood, *PACC1* was preferentially expressed within phagocytic mononuclear myeloid cells, such as monocytes and dendritic cells, both in the HPA dataset (**Fig. 1B**), as well as by independent bulk RNA-seq datasets from the Immune Cell Atlas (**Fig. 1C**) (39). PACC1 was also highly elevated in glia, which include brain-resident microglial "professional" phagocytes, as well as astrocytes and oligodendrocytes with phagocytic capacity (**Fig. 1A**) (40). To determine whether PACC1 was likewise expressed in tissue-resident macrophages, the predominant mononuclear phagocytes that initially interface with bacteria during infection (12, 13, 15, 16, 41), we next examined HPA data from the 19 tissues with annotated tissue macrophage populations (**Fig. 1D**). *PACC1* was consistently enriched in immune cells compared to non-immune cells. Most strikingly, tissue macrophages were the highest *PACC1*-expressing cell type in almost every tissue. These included Kupffer cells and Hofbauer cells, which are specialized tissue macrophages in the liver and placenta, respectively; and Langerhans cells, which are specialized tissue macrophages/dendritic cells in the skin (16). In addition, HPA bulk RNA-seq data from 69 cell lines of various tissue origin revealed that myeloid lineage cell lines were enriched in the top 50% in terms of ranked *PACC1* expression (***SI Appendix,* Fig. S1A**). The highest *PACC1* expression was in THP-1 cells, and the third highest expression in U-937 cells, the most widely used cell lines for macrophage studies (42). In addition, we analyzed an expanded pool of cell lines that combined HPA bulk RNA-seq with data

from >1000 cell lines in the Cancer Cell Line Encyclopedia (CCLE) and a Genentech study (43). The top

2% of *PACC1*-expressing cells contained a plurality of myeloid lineage cells, including THP-1 cells (**SI**

**Appendix,** **Fig. S1B**).

To further assess whether PACC1 may be implicated in myeloid cell functions, we next analyzed

*PACC1* variant data from publicly available genome-wide association studies (GWAS). Although no

specific studies have functionally characterized any human *PACC1* genetic variants, we found multiple

GWAS have identified *PACC1* variant associations with myeloid cell-related phenotypes. According to

the Open Target GWAS aggregator (44), among all biological phenotypes associated with *PACC1*

variants, myeloid cell-related phenotypes were highly represented. "Monocyte counts" ranked as the most

supported phenotype (**Fig. 1E**). Closer examination revealed a modest but consistent pattern: most

*PACC1* variants were predicted to be loss-of-function (pLoF), and these pLoF variants were associated

with greater myeloid cell counts/frequencies, whereas the few predicted gain-of-function (pGoF) variants

were associated with the converse (**SI Appendix,** **Table S1**). Furthermore, the recent large *All of Us*

(AoU) cohort revealed the association of septicemia with gene-level burden of low frequency *PACC1*

pLoF variants (**Fig. 1F**) (45). A separate large population cohort from the UK Biobank (46), which used a

broader assortment of clinical codes, showed an overall modest trend in association between *PACC1*

gene-level variant burden and several codes pertaining to predominantly bacterial infections (**SI**

**Appendix,** **Fig. S2**). In summary, these data demonstrate that *PACC1* expression in humans is highly

enriched in mononuclear phagocytes, particularly macrophages, and that *PACC1* variants may impact

myeloid cell biology and innate immunity.

*Pacc1 expression in mice is enriched in macrophages and other mononuclear phagocytes*

To further evaluate PACC1 in macrophages, we proceeded with mouse studies. We first sought

to determine whether *Pacc1* was also highly expressed in murine macrophages. Reanalysis of bulk RNA-

seq data from our previous sepsis study revealed *Pacc1* expression was ranked in the top 5% of all

genes in murine bone marrow-derived macrophages (BMDMs) at baseline (**Fig. 2A**) (11). Since

monoclonal antibodies for the PACC1 protein were not commercially available (47), we next employed

mRNA PrimeFlow (48) to specifically detect *Pacc1* mRNA across macrophage and splenocyte

populations by flow cytometry. As negative controls, we leveraged cells from our *de novo* generated

*Pacc1* knockout mice (**SI Appendix, Fig. S3**), or WT cells without *Pacc1* target probe. Using this

PrimeFlow approach, robust *Pacc1* expression was first validated in murine BMDMs (**Fig. 2B**; gating

scheme in **SI Appendix, Fig. S4A**), as also recently confirmed at the protein level (35). Consistent with

human data (**Fig. 1B-C**), *Pacc1* expression in murine splenocytes was detectable in mononuclear

phagocytes, including macrophages, dendritic cells, and a small population of neutrophils, as well as B

cells, which also possess phagocytic capacity (18) (**Fig. 2C**; gating scheme in **SI Appendix, Fig. S4B**).

Overall, *Pacc1* was enriched in mononuclear phagocytes compared to other splenocytes (**SI Appendix,**

**Fig. S4C**). These findings were further corroborated by reverse transcription quantitative-PCR (RT-

qPCR) in fluorescence-activated cell (FAC)Sorted splenic myeloid cell populations, which showed higher

expression in macrophages, modest expression in monocytes, and detectable expression in

polymorphonuclear neutrophils (**Fig. 2D**). To ascertain PACC1 levels across a broader set of murine

tissue macrophages, we analyzed published transcriptomic data (49). Relevant to pneumonia and

peritoneal sepsis (16), *Pacc1* was highly expressed in peritoneal macrophages and alveolar

macrophages (**Fig. 2E**). Next, we analyzed single-nucleus sequencing data to examine the peritoneal

compartment. *Pacc1* was highly expressed within murine macrophages and other mononuclear

phagocytes, (including monocytes and dendritic cells), of naïve mice (**Fig. 2F-G**). Finally, we tested if

*Pacc1* in macrophages was differentially regulated in response to inflammatory stimuli associated with

infection, such as Toll-like receptor (TLR) ligands. In BMDMs, *Pacc1* expression was differentially

responsive to such stimuli (**Fig. 2H**). Of note, *Pacc1* was strongly downregulated by lipopolysaccharide

(LPS), a component of gram-negative bacterial cell walls (12). Direct stimulation of macrophages with

inactivated *E. coli* also inhibited *Pacc1* (**Fig. 2I**). Collectively, these data show that *Pacc1* expression is

abundant in human and mouse macrophages, and differentially regulated by inflammatory stimuli, further

supporting that PACC1 could be involved in innate immune responses to infection.

*De novo generation of Pacc1 knockout mice*

To further study the role of PACC1 *in vivo*, we generated mice with a global deletion of *Pacc1*

using a CRISPR/Cas-9 approach (**SI Appendix,** **Fig. S3A**). Single-guide RNAs aligned to regions

flanking *Pacc1* exon 2 were injected into pronuclei/zygotes (C57BL/6J), resulting in a 120 base pair

deletion with a frame shift and a premature stop codon. This truncated exon was detectable by PCR (**SI**

**Appendix,** **Fig. S3B**). In addition, RT-qPCR for exons 2-8 verified absent *Pacc1* mRNA in macrophages

(**SI Appendix,** **Fig. S3C**), suggesting nonsense-mediated mRNA decay (50). Acid-induced cytotoxicity

was lower in *Pacc1$^{-/-}$* BMDMs (**SI Appendix,** **Fig. S3D**), confirming loss of PACC1 protein function in line

with previous electrophysiology studies (21-25). In agreement with other independently generated mice

(21, 22), our *Pacc1$^{-/-}$* strain was viable and fertile, displaying normal sex distributions, although the

frequency of homozygous offspring was slightly reduced from expected Mendelian ratios (25%) in

heterozygous breeding schemes (**SI Appendix,** **Fig. S3E**). *Pacc1$^{-/-}$* mice presented without gross

abnormalities. Males and females had normal body weights and clinical chemistry parameters including

blood proteins, metabolites, and electrolytes (**SI Appendix,** **Fig. S3F-I**). Importantly, *Pacc1$^{-/-}$* mice

housed under specific pathogen-free conditions showed no apparent immunologic abnormalities, with

normal numbers of peripheral myeloid and lymphoid cells in the blood and spleen (**SI Appendix,** **Fig.**

**S3J-L**, gating scheme in **SI Appendix,** **Fig. S5**). Together, these data suggest that *Pacc1$^{-/-}$* mice lack

developmental immunologic abnormalities, making them appropriate to study bacterial infections *in vivo*.

*Pacc1$^{-/-}$ mice have defective development of phagolysosomal acidification in vitro and in vivo*

Acid-triggered PACC1 may play an active role in the acidifying phagolysosome of myeloid cells

(28). To study if bacteria induce PACC1-containing phagosomes in macrophages, we re-analyzed

published proteomic data: Li *et al.* used an engineered ascorbate peroxidase (APEX)-based proximity labeling technique combined with mass spectrometry in murine macrophages to identify phagosomal host proteins following phagocytosis of APEX-tagged inactivated gram-negative *E. coli* and gram-positive *Staphylococcus aureus* (51). Indeed, PACC1 protein was enriched in bacteria-containing phagosomes in BMDMs (**Fig. 3A**). Next, we tested the development of phagolysosomal acidification in *Pacc1*^{-/-} mice using inactivated *E. coli* BioParticles conjugated with an acid-sensitive fluorophore. These phagocytosed BioParticles become fluorescent at low pH as the phagosome fuses with the lysosome (52). We found BioParticles incubated with *Pacc1*^{-/-} BMDMs displayed decreased fluorescence compared to WT counterparts (**Fig. 3B**). These data suggested a defect in the development of the acidifying phagolysosome, as normal phagocytic engulfment of synthetic beads by macrophages has been reported not to require PACC1 (35), in accordance with PACC1 inactivity at neutral plasma membrane pH (22, 26-29). We also confirmed normal phagocytic uptake of *E. coli* cargo in *Pacc1*^{-/-} macrophages by exposure to acid-insensitive Alexa Fluor (AF)488-conjugated *E. coli* BioParticles. AF488-*E. coli* emit a stable signal from pH 3-10 independent of phagolysosomal acidification (53). AF488 fluorescence in *Pacc1*^{-/-} macrophages was indistinguishable from WT, and signals in both strains were abrogated by cytochalasin D, an inhibitor of actin polymerization and phagocytic uptake (53, 54) (**Fig. 3C-D**). Accordingly, *Pacc1*^{-/-} macrophages exhibited impaired intracellular killing of live pathogenic *E. coli*, while levels of extracellular bacteria were comparable to WT cultures (**Fig. 3E**), indicating intact phagocytic uptake but defective phagolysosomal killing. When acid-sensitive *E. coli* BioParticles were injected intraperitoneally (i.p.) in mice, a similar reduction in fluorescence in *Pacc1*^{-/-} vs. WT myeloid cells was noted (**Fig. 3F-G**). Additionally, *Pacc1*^{-/-} mice displayed heightened inflammatory responses to inactivated BioParticles, characterized by increased recruitment of myeloid cells to the peritoneum, including monocytes and monocyte-derived macrophages (**Fig. 3H**, gating scheme in *SI Appendix,* **Fig. S6**). IL-6, a major pro-inflammatory cytokine (12), was also elevated in peritoneal lavage fluid of *Pacc1*^{-/-} mice injected with BioParticles (**Fig. 3I**). In contrast, no aberrant signs of pre-existing inflammation were present in the peritoneum of naïve *Pacc1*^{-/-} mice (*SI Appendix,* **Fig. S7**), consistent with immunoprofiling in the

periphery (*SI Appendix,* **Fig. S3J-L**). Both naïve WT and *Pacc1⁻ᐟ⁻* mice had low numbers of infiltrating

peritoneal monocytes and neutrophils, with modestly fewer monocytes in *Pacc1⁻ᐟ⁻* mice (*SI Appendix,*

**Fig. S7A-B**); and IL-6 was undetectable in both strains (*SI Appendix,* **Fig. S7C**). As a whole, these data

suggest acidification of the phagolysosome is defective in *Pacc1⁻ᐟ⁻* myeloid cells, and that PACC1

deficiency may result in hyperinflammation following bacterial challenge.

*Pacc1⁻ᐟ⁻ macrophages have dysregulated immunologic and phagolysosomal transcriptomic responses*

To screen for the transcriptome-wide effects of *Pacc1* loss on host defense and phagolysosomal

pathways, we sequenced RNA from BMDMs stimulated with *E. coli* BioParticles. Principal component

analysis revealed strong segregation based on *E. coli* stimulation, as well as segregation based on

genotype (**Fig. 4A**). *Pacc1⁻ᐟ⁻* control compared to WT control samples were distinguishable at baseline

and further segregated following phagocytic stimulation. *E. coli* triggered robust transcriptomic activity,

with >10,000 significant differentially expressed genes (DEGs) in each group of WT and *Pacc1⁻ᐟ⁻*

macrophages (*SI Appendix,* **Fig. S8A-C; Dataset S1**). In response to *E. coli*, *Pacc1⁻ᐟ⁻* vs. WT

macrophages displayed 2,162 upregulated and 1,795 downregulated DEGs (**Fig. 4B**). WT and *Pacc1⁻ᐟ⁻*

macrophages also displayed a smaller proportion of DEGs at baseline (*SI Appendix,* **Fig. S8D**);

however, the majority were uniquely dysregulated by *E. coli* (**Fig. 4C**).

To assess global changes, we performed a gene set enrichment analysis (GSEA) for hallmark

biological processes using both significant and non-significant DEGs. Immunologic gene sets were

differentially enriched in *Pacc1⁻ᐟ⁻* vs. WT macrophages both at baseline (*SI Appendix,* **Fig. S9A; Dataset**

**S2**) and following *E. coli* phagocytosis (**Fig. 4D;** *SI Appendix,* **Dataset S2**), including TNF-α via NFκB

signaling (*SI Appendix,* **Fig. S9B-C**) and interferon responses (*SI Appendix,* **Fig. S9D-G**), as well as

JAK/STAT signaling (*SI Appendix,* **Fig. S9A, H**). Further analysis via the "Interferome database", a

curated list of empirically determined interferon-responsive genes (55), revealed strong dysregulation of

type I and II interferon signaling in *Pacc1*⁻/⁻ macrophages following bacterial challenge (***SI Appendix,* Fig.**

**S10**).

Ingenuity Pathway Analysis (IPA) identified dysregulated signaling in *Pacc1*⁻/⁻ macrophages in

response to *E. coli* (***SI Appendix,* Dataset S3**). Notably, the "pathogen-induced cytokine storm signaling

pathway" was one of the most highly upregulated pathways in *Pacc1*⁻/⁻ vs. WT macrophages (**Fig. 4E**).

Uncontrolled cytokine release is a leading contributor to death in sepsis patients (15). DEGs enriched in

this pathway resolved that this activation response was not uniform: expression of some inflammatory

mediators were elevated in *Pacc1*⁻/⁻ vs. WT macrophages following *E. coli* exposure (e.g., *Il1rap, Ccl6,*

*Pf4, Ripk1, Jak1, Stat3, Tlr9, Tlr3, Cgas, Nod1,* and *Sting1*), while others were downregulated (e.g., *Il6,*

*Il1b*, *Cxcl1*, and *Cxcl2*).

Next, to study dysregulated biological processes in *Pacc1*⁻/⁻ macrophages at a more granular

level, including phagolysosomal functions, we analyzed the enrichment of gene ontology biological

processes (GOBPs) for significant DEGs (***SI Appendix,* Dataset S4**). Amongst the top upregulated

GOBPs, a majority were associated with either innate immunity or intracellular vacuoles/vesicles (**Fig.**

**4F**). More than 100 DEGs were enriched in "regulation of innate immune response" processes in *Pacc1*⁻

⁻ vs. WT macrophages, the majority of which were associated with positive regulation, both following *E.*

*coli* incubation and at baseline (***SI Appendix,* Fig. S11**). In contrast, the top downregulated pathways in

*Pacc1*⁻/⁻ vs. WT macrophages during phagocytosis were related predominantly to RNA processing (***SI***

***Appendix,* Fig. S12**).

To determine if *Pacc1* loss affected downstream phagolysosomal regulation, we manually curated

a list of annotated processes. Consistent with an important role for PACC1 during bacterial challenge,

multiple GOBPs associated with lysosomal activity were differentially regulated in *Pacc1*⁻/⁻ vs. WT

macrophages (e.g., lysosomal organization/transport, lysosomal lumen acidification; adj. *P*<0.1), while

differences in GOBPs associated with early phagocytic processes (e.g., engulfment) were not significant

(**Fig. 4G**). Interestingly, a majority of these enriched DEGs were upregulated (**Fig. 4H**), which may

indicate a potential transcriptomic compensatory response for the defective phagolysosomal acidification

in *Pacc1$^{-/-}$* macrophages (**Fig. 3B-G**). A subset of phagolysosomal processes were also dysregulated at

baseline in *Pacc1$^{-/-}$* compared to WT macrophages (***SI Appendix,*** **Fig. S13**), suggesting unexpected

PACC1 activity in resting cells. In summary, these findings indicate that loss of *Pacc1* in macrophages

results in transcriptomic dysregulation in immunological and phagolysosomal pathways, particularly in

response to phagocytotic bacterial stimulus.

*Pacc1 knockout mice and myeloid cell-targeted conditional Pacc1 knockout mice are susceptible to E.*

*coli sepsis.*

Because defective phagolysosomal acidification inhibits pathogen clearance (17, 18), we next

studied if *Pacc1$^{-/-}$* mice were susceptible to bacterial infections. In an established *E. coli* sepsis model

(11) (**Fig. 5A**), *Pacc1$^{-/-}$* mice succumbed to severe mortality (**Fig. 5B**). In contrast to 100% of WT

counterparts, only 50% of *Pacc1$^{-/-}$* mice survived. This increased lethality was associated with

significantly higher bacterial burden in peritoneal lavage (**Fig. 5C**) and systemic bacteremia (**Fig. 5D**,

gating scheme in ***SI Appendix,*** **Fig. S14A**). Moreover, a greater inflammatory response in *Pacc1$^{-/-}$* mice

was indicated by increased myeloid cell infiltration (**Fig. 5E,** gating scheme in ***SI Appendix,*** **Fig. S14B**)

and IL-6 release in peritoneal lavage fluid (**Fig. 5F**). However, this enhanced compensatory response

was apparently unable to clear infection. In conclusion, these data suggest *Pacc1$^{-/-}$* mice are susceptible

to bacterial infection and dysregulated inflammation, which may be explained by defective myeloid cell

responses.

Next, to test whether this susceptibility of *Pacc1$^{-/-}$* mice to a gram-negative bacterial infection in

the peritoneum (**Fig. 5A-F**) was broadly applicable, we examined susceptibility in a gram-positive

pneumonia setting (56). Mice were intranasally (i.n.) inoculated with S. *pneumoniae* (***SI Appendix,*** **Fig.**

**S15A**). As with *E. coli* sepsis, *Pacc1$^{-/-}$* mice experienced significantly higher mortality (***SI Appendix,*** **Fig.**

**S15B**), greater peak weight loss (***SI Appendix,*** **Fig. S15C**), and more lung injury as indicated by

bronchoalveolar protein leakage (**SI Appendix, Fig. S15D**). Accordingly, *Pacc1*$^{-/-}$ mice tended to have

an elevated bacterial burden (**SI Appendix, Fig. S15E**). Like *E. coli* sepsis, pneumococcal pneumonia

induced more pronounced local myeloid cell infiltration in bronchoalveolar lavages from *Pacc1*$^{-/-}$ mice (**SI**

**Appendix, Fig. S15F**, gating scheme in **Fig. S16**). This was accompanied by a general elevation of

inflammatory mediators (**SI Appendix, Fig. S15G-H**), including IL-6 as well as IFN-$\gamma$, a cytokine important

for macrophage activation and bacterial clearance (5, 15, 57). In contrast, we found no signs of pulmonal

inflammation at baseline in naïve *Pacc1*$^{-/-}$ mice (**SI Appendix, Fig. S17**), which was consistent with

immunoprofiling in other sites (**SI Appendix, Fig. S3J-L, S7**). We noted an elevation in homeostatic

numbers of alveolar macrophages in *Pacc1*$^{-/-}$ mice (**SI Appendix, Fig. S17A-B**), which could represent

a potential compensatory response for their phagocytic defects. Like WT, naive *Pacc1*$^{-/-}$ mouse lungs

displayed low numbers of infiltrating monocytes and neutrophils (**SI Appendix, Fig. S17A-B**), and

undetectable levels of IL-6 (**SI Appendix, Fig. S17C**). Overall, these data suggest *Pacc1*$^{-/-}$ mice are

susceptible to bacterial infection and trigger hyperinflammation associated with defective myeloid cells in

this context.

To further explore if severe mortality and inflammation in septic *Pacc1*$^{-/-}$ mice was specifically

dependent on phagocytosis, we induced sterile endotoxemia by i.p. injection of *E. coli*-derived LPS (**Fig.**

**5G**). In contrast to live *E. coli*, LPS activates TLR4 without phagocytic uptake (12). High-dose LPS

resulted in 100% mortality (**Fig. 5H**), while medium-dose LPS led to approximately 50% mortality (**Fig.**

**5I**). Survival curves for *Pacc1*$^{-/-}$ and WT mice were identical at both titrations, indicating PACC1 is not

essential for phagocytosis-independent inflammatory responses. Accordingly, IL-6 concentrations were

comparable between strains (**Fig. 5J**). Transcriptional analysis of *Pacc1*$^{-/-}$ BMDMs following LPS

stimulation *in vitro* also confirmed responses were indistinguishable from WT (**SI Appendix, Fig. S18**).

Although *PACC1* is enriched in macrophages (**Fig. 1-2**), its expression remains ubiquitous (**Fig.**

**1**), challenging the assignment of a causal role for PACC1 in macrophages during bacterial sepsis. To

evaluate PACC1 loss in specific cell types during *in vivo* infection, we initiated the *de novo* generation of

*Pacc1-floxed* ⁽ᶠˡ/ᶠˡ⁾ mice via CRISPR/Cas9 (**Fig. 5K**). The expected elongated bands in *Pacc1ᶠˡ/ᶠˡ* mice that

received loxP insertions were detectable by PCR (***SI Appendix,* Fig. S17A**). As expected, *Pacc1ᶠˡ/ᶠˡ* mice

showed unchanged *Pacc1* expression in peritoneal cells before Cre-mediated recombination (***SI***

***Appendix,* Fig. S17B**). *Pacc1ᶠˡ/ᶠˡ* mice crossed with *LysM-Cre* mice (58) for myeloid cell-targeted deletion

showed >90% deletion in peritoneal tissue macrophages (**Fig. 5L**, gating scheme in ***SI Appendix,* Fig.**

**S17C**). Crucially, these conditional knockout mice recapitulated the high sepsis mortality in global *Pacc1⁻*

*ᐟ⁻* (**Fig. 5M**), which was similarly associated with greater peritoneal bacterial burden (**Fig. 5N**).

Furthermore, in low-dose endotoxemia to detect potentially subtle sensitivity differences, myeloid cell-

targeted *Pacc1* deletion did not impact survival (**Fig. 5O**) or peripheral blood and immune cell parameters

(**Fig. 5P-Q**), further implicating PACC1 in phagocytosis-mediated immunity. In conclusion, PACC1

promotes protective host responses, as PACC1 deficiency within myeloid cells undermines anti-bacterial

defense mechanisms and weakens resistance to sepsis and pneumonia.

**Discussion**

Bacterial sepsis remains a major health burden (1). Our study has identified the recently discovered acid-sensitive chloride channel, PACC1 (also known as PAC, ASOR, TMEM206) (21, 22), as a regulator of host defense against bacterial infections and sepsis. PACC1 was highly expressed within human and mouse phagocytic myeloid cells, particularly macrophages, where it controlled sepsis outcomes. Using *de novo*-generated mice, *Pacc1* knockout globally or in myeloid cells impaired development of phagolysosomal acidification and conferred susceptibility to bacterial infection and excessive inflammation.

While PACC1 is uniquely activated under acidic conditions, its ubiquitous expression has obscured its physiological roles (21, 22). The data we have presented showing elevated *PACC1* in human and murine macrophages, along with GWAS data linking *PACC1* variants with myeloid cell phenotypes, suggest PACC1 is relevant for macrophage responses. Our re-analysis of proteomic data from Li *et al.* (51) confirmed PACC1 localized to bacteria-containing phagosomes in primary macrophages, although the lack of reliable, commercial monoclonal PACC1 antibodies constrained further experimental protein detection (47). These data are consistent with other systems using in-house generated PACC1 antibodies or reporters that show PACC1 colocalizes strongly with early endosomal and partially with late endosomal/lysosomal markers in BMDMs and cell lines (32, 34, 35). Recently, PACC1 expression has been reported in osteoclasts, a specialized multi-nucleated macrophage (32). Our findings explicitly identified elevated *Pacc1* in murine tissue macrophages and other primary immune cells *in vivo.* Our data also showed *Pacc1* expression in macrophages was dynamically regulated by diverse inflammatory stimuli. This suggests context-specific roles for PACC1 in infection that adapt to local milieus. For example, PACC1 downregulation at the plasma membrane may promote cell survival against extracellular acidic environments during inflammation/infection (21, 22, 30, 31).

Our view that PACC1 is essential for microbial phagocytosis and related endo/exo/pinocytic processes is shared by others (32, 34-37, 59). However, the contextual outcomes of *Pacc1* loss may

depend on specific cell types, cargos, and other factors. For example, while PACC1 may limit endosomal

acidification during transferrin recycling in cell lines and receptor trafficking in neurons (34, 36), we found

PACC1 facilitates acidification in macrophage phagolysosomes. This may occur via the influx of chloride

which acts as a negative electrical shunt to permit proton pumping that drives acidification (20, 33). While

PACC1 is typically outwardly rectifying, it is a passive channel, and thus chloride transit depends on local

electrochemical gradients (21-29). Of note, the chloride anion shunt hypothesis remains debated (20).

Studies have suggested chloride is dispensable for lysosomal acidification (60, 61) and serves functions

beyond shunting (20). There remains ambiguity around even the most well-studied chloride channel,

cystic fibrosis transmembrane conductance regulator (CFTR). Multiple groups have reported CFTR is

required for intracellular acidification, while others have shown no effect on acidification and macrophage

bacterial clearance (20, 33, 62, 63). Posited explanations include differences in CFTR knockout,

inhibition, or mutations; differences in human and mouse primary cells and cell lines; and differences in

protocols and models (20, 33, 62, 63). Most recently, Badr *et al*. suggested bacterial cargo is critical, as

CF patient macrophages display defective lysosomal acidification following phagocytosis of *Burkholderia*

*cenocepacia*, but not *E. coli* (64). Further work is needed to clarify the nuanced context-dependent roles

of chloride in vesicular acidification, as well as the specific biophysical mechanisms undermining the

acidifying phagolysosome in *Pacc1$^{-/-}$* macrophages.

In the present study, transcriptomic profiling of *Pacc1$^{-/-}$* macrophages exposed to inactivated *E.*

*coli* revealed dysregulated immunologic functions. Consistent with our hypothesis that PACC1 is critical

for phagolysosomal activity, lysosomal processes were highly dysregulated in *Pacc1$^{-/-}$* macrophages;

while processes associated with early phagocytosis (e.g., engulfment) were largely unaffected. The

observed upregulation of lysosomal processes in *Pacc1$^{-/-}$* macrophages was unexpected. In contrast, we

observed defective phagolysosomal activity using acid-sensitive fluorescent *E. coli* BioParticles*,* and

corresponding host defense impairments against live bacteria. It is possible transcriptomic upregulation

of lysosomal processes represents a compensatory response. *Pacc1$^{-/-}$* macrophages also displayed

enhanced signaling from endolysosomal TLRs that respond to phagocytosed bacteria (17, 18). Impaired

acidification may have caused inefficient cargo degradation which extended ligand–receptor contact. The

"extended contact" hypothesis (65) acknowledges that while some acidification is required for

endolysosomal TLR activation (66), partial defects can enhance signaling (65). Innate immune activation

in *Pacc1*^{-/-} macrophages was heterogenous, with both positive and negative regulation of various

inflammatory markers, indicating PACC1 may differentially regulate inflammatory pathways via distinct

mechanisms that deserve future study. Unexpectedly, we found *Pacc1*^{-/-} macrophages displayed certain

transcriptomic perturbations at baseline, despite the absence of overt abnormalities in naive mice (21,

22, 32). This may reflect homeostatic phago/efferocytosis (16-18), or possibly non-canonical roles for

PACC1 (47, 67-74), as has been described for other chloride channels (75, 76).

Interestingly, we observed some differential inflammatory responses between *Pacc1*^{-/-} vs. WT

BMDMs challenged *in vitro* with inactivated *E. coli* compared to mice *in vivo* with live or inactivated *E. coli*

(e.g. IL-6 production). This may be due to differences from tissue macrophage populations, differences

from live bacterial burdens, as well as differences from the inflammatory milieu *in vivo* including infiltrating

myeloid cells. *Pacc1* deficiency did not affect LPS-induced IL-6 production and low baseline IL-6 levels

in mice. The present findings support that elevated IL-6 in *Pacc1*^{-/-} mice challenged with bacteria reflects

the particular *in vivo* inflammatory context rather than discrepant baseline macrophage-intrinsic

responses.

The predominant impact of PACC1 during sepsis appeared dependent on phagocytosis. LPS,

which activates TLR4 independent of phagocytosis (12), resulted in *Pacc1*^{-/-} endotoxemia survival

comparable to WT. Conversely, in line with impaired phagolysosomal acidification, *Pacc1*^{-/-} mice exposed

to live bacteria showed increased bacterial burdens and sepsis susceptibility. The augmented neutrophil

recruitment in septic *Pacc1*^{-/-} mice may have served as a compensatory response when tissue-resident

macrophages failed to control bacterial pathogens during early infection (5, 15). Although heightened

inflammation likely reflects increased bacterial burden, *Pacc1*^{-/-} myeloid cells also displayed intrinsic

hyperresponsiveness to bacterial challenge, as evidenced by exaggerated cytokine responses to

inactivated *E. coli*. The translational relevance of these findings was supported by congruence with

human genetic data. Predicted loss-of-function *PACC1* variants were associated with increased myeloid

cell counts and risk for septicemia and various bacterial infections, reflecting the phenotype observed in

*Pacc1*$^{-/-}$ mice during live infection. In our myeloid cell-targeted *LysM-Cre*/*Pacc1*$^{fl/fl}$ mice, sepsis

susceptibility was recapitulated while endotoxemia outcomes remained unaltered. These findings further

validated that PACC1 mediates phagolysosomal bacterial clearance via action within macrophages,

monocytes, and neutrophils. Although PACC1 expression is greater in mononuclear phagocytes,

including tissue macrophages that first encounter pathogens, recruited neutrophils become the

predominant myeloid cell type (5, 16). *Pacc1*$^{-/-}$ neutrophils also exhibited defective development of the

acidifying phagolysosome in response to *E. coli* BioParticles *in vivo*. Future studies should elaborate on

the direct role of PACC1 in other PACC1-expressing immune cells. Of note, human pLoF *PACC1* variants

were associated with increased myeloid cell counts and risk for septicemia and bacterial infections,

supporting the translationally relevance of our findings. Unfortunately, only limited studies have been

conducted in PACC1-overexpressing cell lines *in vitro* (21, 59, 77, 78), and there are no known specific

PACC1 agonists to test if augmenting PACC1 is therapeutic during sepsis *in vivo* (77).

In parallel to our work, Cheng *et al.* also recently studied PACC1 in macrophages during infection

(59). Both studies suggest PACC1 is crucial for phagolysosomal acidification, bacterial clearance,

inflammation, and sepsis outcomes (59). Both indicate PACC1 is abundant in macrophages and

downregulated by LPS, with *Pacc1*$^{-/-}$ macrophages showing increased interferon and other inflammatory

signaling following bacterial challenge, though no change following LPS (59). Although Cheng *et al.*

suggest enhanced acidification during phagocytosis releases more bacterial ligands to enhance

immunologic signaling (59), partial defects in acidification may also enhance signaling by extending

ligand contact (65).

While our study characterized defective phagolysosomal acidification, decreased survival, and

hyperinflammation in *Pacc1*$^{-/-}$ mice following bacterial infection, Cheng *et al.* reported the converse (59).

This divergence may arise from differences in mouse strains, pathogens, and methods. For example, we

employed independently generated *Pacc1*-deficient strains with strict genetic/microbiome controls (59, 79, 80). We speculate evolutionary conserved PACC1 (21, 22) may be a target of microbial evasion strategies and pathogenicity factors that could modulate its activity, potentially explaining *E. coli* strain-dependent differences between studies (59). Our findings in both gram-negative peritoneal infection and gram-positive lung infection support relevance across bacterial contexts, as does congruence with human data linking pLoF *PACC1* variants with increased myeloid cell counts and sepsis risk. Discrepant results between studies may also stem from differences in cell types, time points, and cargo (64) (e.g., Cheng *et al*. used zymosan-conjugated particles (59), while we employed *E. coli*).

Most PACC1 functional studies have focused on direct electrophysiological conductance of chloride (21, 22, 26-28, 30, 34, 35, 81), though some suggest complex context-dependent and potentially non-canonical chloride-independent PACC1 functions (74). For example, recent work suggests PACC1 increases acid-induced death in colorectal cancer cells (68, 69), diverging from findings by us and others (21, 22, 25, 30, 31). PACC1 may have direct protein binding/signaling partners (47, 67). PACC1 has been implicated in the opposing cancer processes of proliferation and migration (68-72, 82), and at non-acidic pH may mediate ophthalmic pathology (73). Interestingly, both we and Cheng *et al.* (59) identified in *Pacc1*$^{-/-}$ macrophages dysregulated RNA processing for which the role of chloride remains undefined. In total, findings from this and prior studies underscore the context-dependent and multifaceted functions of PACC1.

In conclusion, our results demonstrate a novel role for PACC1 in protective host defense and warrant further studies on PACC1 during sepsis and other bacterial infections.

## Materials and Methods

All the materials used in this study, including sources for reagents, and detailed methodologies for the generation of mouse strains, BMDM assays, analysis of splenocytes and blood, *E. coli* BioParticle assays, *E. coli* sepsis, pneumococcal pneumonia, endotoxemia, flow cytometry, protein detection, RT-qPCR, bulk and single-cell/nucleus transcriptomics, proteomics, and GWAS, and statistical analyses, are in the ***SI Appendix***, Materials and Methods.

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**Data, Materials, and Software Availability**

Single-nucleus multiome sequencing data from our previous study is available in the NCBI Gene Expression Omnibus (GEO) repository (accession code: GSE269703). Only data pertaining to unstimulated cells were used here. Bulk RNA-seq data from this study is available in GEO (accession code: GSE292930). Phenotypes associated with human *PACC1* variants were from Open Targets (https://platform.opentargets.org/) (44). Genetic association data for *PACC1* variants in the All of Us Biobank were from Jurgens *et al.* browser (https://hugeamp.org:8000/research.html?pageid=600_traits_app_home) (45) and the UK Biobank from Genebass (https://app.genebass.org/) (46). *PACC1* expression from human single-cell and bulk RNA-seq data were from the HPA (https://www.proteinatlas.org/) (38) and Immunological Genome Project ICA (http://immunecellatlas.net/ICA_Skyline.php) (39). Data from published studies (11, 49, 51) were from respective source/supplementary data. This paper reports no original code. Additional information is available from the corresponding author upon request.

# Figures and Captions

**Fig. 1. *PACC1* expression is enriched in human mononuclear phagocytes, particularly tissue**

**macrophages, and *PACC1* variants are implicated in myeloid cell-mediated immunity.**

**A-D** Single-cell RNA sequencing (scRNA-seq) data from the Human Protein Atlas (HPA) or bulk RNA-

seq data from the ImmGen Immune Cell Atlas (ICA), as indicated. Curated cell types along the x-axis

contain *superimposed* (not stacked) data from cells that were clustered and annotated (HPA), or sorted

(ICA), such that each horizontal line on the bar graphs represents the gene expression for an individual

cell type/cluster. HPA data are normalized transcripts per million (nTPM), corresponding to means of

different individual samples from each cell type. ICA data are mean normalized counts from different

individual samples. Red arrows/boxes indicate cells of interest within each panel (e.g., immune cells,

mononuclear phagocytes, or macrophages). (**A**) *PACC1* expression in somatic human cell types from

the HPA. (**B**) *PACC1* expression in blood immune cells from the HPA. (**C**) *PACC1* expression in blood

immune cells from the ICA. (**D**) *PACC1* expression in all 19 somatic tissues from the HPA wherein tissue

macrophages were annotated. Cell clusters are broadly curated in combined bars (e.g., epithelial cells,

endothelial cells), while immune cell clusters are resolved in separate bars (e.g., macrophages,

granulocytes). (**E**) Heatmap ranking showing the most well-evidenced *PACC1* genetic variant

associations across all phenotypes, according to the Open Targets Platform for genome-wide association

studies (GWAS), ranked by "association scores" which synthesize evidence across databases (e.g., OT

Genetics, NIH ClinVar, Gene Burden). Red arrows/boxes indicate *PACC1* variant associations with

phenotypes of interest (i.e., myeloid cell-related phenotypes). (**F**) Forest plot showing association

between gene-level predicted loss-of-function variant burden (low, rare and ultra rare, minor allele

frequency <1%) in *PACC1* with septicemia phecode in the AoU dataset. The plot shows burden test P-

value, odds ratio, and 95% confidence interval.

**Fig. 2. *Pacc1* expression is highly expressed in murine macrophages and other mononuclear**

**phagocytes.**

(**A**) Ranked gene expression of bulk RNA sequencing (bulk RNA-seq) data of bone marrow-derived

macrophages (BMDMs) isolated *ex vivo* from wildtype (WT) mice. Data reanalyzed from our previous

study *(11)*. *Pacc1* expression shown in red in the top 5%. (**B-C**) *Pacc1* mRNA fluorescence by RNA

PrimeFlow staining in splenocytes from WT and *Pacc1* knockout (*Pacc1$^{-/-}$*) mice. Geometric mean

fluorescence intensities (MFIs) are indicated in the upper right. (**B**) Representative flow cytometric

histograms of *Pacc1* expression in resting bone marrow-derived macrophages (BMDMs). Neg ctrl

indicates no target probe. (**C**) Representative flow cytometric histograms of *Pacc1* expression in

splenocytes. (**D**) *Pacc1* expression in selected FACSorted splenocyte myeloid cell populations (live

CD11b$^+$F4/80$^+$ macrophages, CD11b$^+$Ly6C$^+$Ly6G$^-$ monocytes, and CD11b$^+$Ly6C$^+$Ly6G$^+$ neutrophils) by

RT-qPCR normalized to WT macrophage expression. (**E**) *Pacc1* copy number in bulk RNA-seq data from

tissue macrophages isolated from WT mice. Data reanalyzed from Qie *et al.* (49). (**F-G**) *Pacc1* expression

by single-nucleus RNA sequencing of peritoneal cells from WT mice. (**F**) *Pacc1* expression in annotated

immune cell clusters visualized on the weight-nearest neighbor uniform manifold approximation and

projection (wnnUMAP) plot. (**G**) Dot plot of *Pacc1* expression from **F**. (**H**) *Pacc1* expression in stimulated

WT BMDMs analyzed by RT-qPCR, normalized to untreated control. In brief, BMDMs were stimulated

for 24 h with various stimuli corresponding to inflammatory/infectious insults, including lipopolysaccharide

(LPS), interferon-beta (IFN-β), interferon-gamma (IFN-γ), polyinosinic:polycytidylic acid (poly I:C),

zymosan, peptidoglycan (PGN), double-stranded DNA (dsDNA), CpG oligodeoxynucleotides (ODN),

GpC ODN, or cyclic guanosine monophosphate–adenosine monophosphate (cGAMP). (**I**) *Pacc1*

expression in BMDMs stimulated with inactivated *E. coli* Bioparticles analyzed by RT-qPCR, normalized

to untreated control at each time point. For **B-D**, **H**, **I**, data represent ≥2 independent experiments. For **D**,

**E**, **H**, **I**, data show one symbol per mouse, mean±SEM, *P<0.05, **P<0.01, ***P<0.001,

****P<0.0001,one-way ANOVA with Tukey (**D**), one-way ANOVA with Sidak (**E**, **I**), two-way ANOVA with

Tukey (**D**), or one-way ANOVA with Dunett comparing each to unstimulated control (**H**). For **C-G**, red

arrows/boxes indicate cells of interest (i.e., macrophage populations).

**Fig. 3. *Pacc1$^{-/-}$* mice have defective development of the acidifying phagolysosome.**

(**A**) Ranked protein abundance from mass spectrometry (MS) data of the phagosomes of bone-marrow-

derived macrophages (BMDMs) stimulated with bacteria. Data reanalyzed from Li *et al.* (51). In brief,

BMDMs were stimulated with ascorbate peroxidase (APEX)-modified inactivated bacteria followed by

APEX-mediated proximity ligation, and subsequently MS, to identify bacterial phagosomal proteins.

PACC1 is highlighted in red. (**B**) Wildtype (WT) and *Pacc1$^{-/-}$* BMDMs were treated with 330 µg/mL acid-

sensitive pHrodo Green *E. coli* BioParticles for the indicated time points. Fluorescence was measured by

plate-reader and normalized to WT for each time point to assay development of phagolysosomal

acidification. (**C-D)** WT and *Pacc1$^{-/-}$* BMDMs were treated with acid-insensitive Alexa Fluor (AF)488 *E.*

*coli* BioParticles. After 1 h, AF488 geometric mean fluorescence intensity (MFI) was measured by flow

cytometry to assay phagocytic uptake. (**C**) Representative flow cytometric histograms of BMDMs are

shown. CytoD indicates negative control cells pre-treated with actin inhibitor, cytochalasin D, for 1 hour

at 10µM to limit phagocytic uptake. Ctrl indicates negative control WT cells treated with inactivated *E. coli*

without fluorescent conjugation. (**D**) MFI quantifications from panel **C**, normalized to WT. (**E**) Colony-

forming unit (CFU) counts from WT and *Pacc1$^{-/-}$* BMDMs infected with pathogenic *E. coli* serotype

O6:K2:H1 at an MOI of 5 for 2 h. CFUs in macrophage lysates and extracellular supernatants via serially

diluted plated cultures to assay bacterial killing capacity. (**F-I**) WT and *Pacc1$^{-/-}$* mice were injected i.p.

with 100 µg pHrodo Green *E. coli* BioParticles. After 24 h, cellularity and pHrodo Green MFI were

measured by flow cytometry to assay development of phagolysosomal acidification from peritoneal

lavage cells. (**F**) Representative flow cytometric histograms of live CD11b$^{+}$Ly6C$^{-/lo}$F4/80$^{+}$ macrophages,

CD11b$^{+}$Ly6C$^{hi}$Ly6G$^{-}$ monocytes, and CD11b$^{+}$Ly6C$^{+}$Ly6G$^{+}$ neutrophils are shown. Ctrl indicates

fluorescence of total live cells from an unstimulated WT mouse. (**G**) MFI quantifications from panel **F**,

normalized to WT. (**H**) Cell numbers from the peritoneal lavage (PL) of the same *E. coli* experiments

above, including total live CD11b$^{+}$ myeloid cells by flow cytometry. (**I**) IL-6 concentration in peritoneal

lavage fluid (PLF) by ELISA from the same *E. coli* experiments above. For **B-I**, data represent ≥2

independent experiments. For **B**, **D**, **E**, **G-I**, data show one symbol per mouse. Bar graphs depict

mean±SEM, and box plots show median and interquartile range with whiskers extended to the minimum

and maximum. *P<0.05, **P<0.01, ***P<0.001, ****P<0.0001, ns=not significant, Student's t-test.

**Fig. 4. Transcriptomic profiling of dysregulated immunologic and phagolysosomal pathways in**

**bone marrow-derived macrophages (BMDMs) from *Pacc1*$^{-/-}$ mice and wildtype mice stimulated**

**with *E. coli* Bioparticles.**

Wildtype (WT) and *Pacc1*$^{-/-}$ BMDMs were stimulated with *E. coli* BioParticles at 100 μg/mL or left as

unstimulated controls (ctrl) for 12 h and subjected to bulk RNA sequencing (n=6 mice/group). (**A**) Principal

component analysis (PCA) plot of the top 5000 variable genes after variance-stabilizing transformation

of sequencing counts, displaying *E. coli*-dependent and genotype-dependent clusters. (**B**) Volcano plot

of differentially expressed genes (DEGs) in *Pacc1*$^{-/-}$ vs. WT BMDMs following *E. coli* stimulation. Dotted

lines indicate adj. P=0.05 and absolute $\log_2$ fold change (FC)=1; values for -$\log_{10}$ adj. P>15 were set=15

for visualization. (**C**) Venn diagram showing common and specific significant DEGs in *Pacc1*$^{-/-}$ vs. WT

BMDMs with or without *E. coli*. (**D**) Bar plot showing hallmark gene set enrichment analysis (GSEA) in

*Pacc1*$^{-/-}$ vs. WT BMDMs with *E. coli*. Immunologic pathways in red. (**E**) Heatmap of significant DEGs

enriched in "Pathogen Induced Cytokine Storm Signaling Pathway" from Ingenuity Pathway Analysis

(IPA) in *Pacc1*$^{-/-}$ vs. WT BMDMs with *E. coli*. Normalized expression values. (**F**) Bar plot showing top 50

significant (adj. P<0.1) positively enriched gene ontology biological processes (GOBPs) in *Pacc1*$^{-/-}$ vs.

WT BMDMs with *E. coli*. Immunologic pathways are in red, intracellular vesicular/vacuolar pathways in

gray. (**G**) Lollipop plot of manually curated phagolysosomal GOBPs showing both enriched (adj. P<0.1)

and non-enriched in *Pacc1*$^{-/-}$ vs. WT BMDMs with *E. coli*. (**H**) Heatmap of significant DEGs within enriched

(adj. P<0.1) phagolysosomal GOBPs from panel **G** in *Pacc1*$^{-/-}$ vs. WT BMDMs with *E. coli*. Genes

enriched within each GOBP are indicated by shaded squares. Heatmaps show normalized expression

values with Z-score from -2/purple to +2/orange and significance at adj. P<0.05. See also ***SI Appendix,***

***Datasets 1–4***.

**Fig. 5. Global and myeloid cell conditional *Pacc1* deletion confers susceptibility to *E. coli* sepsis.**

(**A**) Schematic showing sepsis infection. Wildtype (WT) and *Pacc1*$^{-/-}$ mice were given 1-2x10$^8$ colony-

forming units (CFUs) of *Escherichia (E). coli* intraperitoneally (i.p.). Peritoneal lavage (PL) and blood were

collected after 6 or 24 h, or survival was monitored, as indicated. (**B**) Sepsis survival (n=17-22

mice/group, pooled from 3 independent experiments). (**C**) CFUs in PL after 6 h assayed by serially diluted

plated cultures. (**D**) Number of live bacteria in blood after 24 h by flow cytometry. (**E**) Myeloid cell numbers

in PL after 24 h by flow cytometry. (**F**) IL-6 in PL fluid (PLF) after 6 h by ELISA. (**G**) Schematic showing

endotoxemia induction. Mice were given *E. coli*-derived lipopolysaccharide (LPS) i.p. to induce

phagocytosis-independent endotoxemia. (**H**) Endotoxemia survival with high-dose (20 mg/kg body weight

[b.w.]) LPS (n=10-13 mice/group) and (**I**) medium-dose (10 mg/kg b.w.) LPS (n=16 mice/group, 2 pooled

experiments). (**J**) IL-6 in plasma after low-dose endotoxemia as in panel H by ELISA. (**K**) Schematic

showing generation of *Pacc1*-floxed mice and Cre-mediated deletion. In brief, LoxP sites flanking exons

3/4 of the *Pacc1* were inserted using CRISPR/Cas9 in WT mice, such that their Cre-mediated deletion

eliminates productive *Pacc1* expression. (**L**) *Pacc1* expression loss in live CD11b$^+$F4/80$^+$ peritoneal

macrophages from *LysM-Cre/Pacc1*$^{fl/fl}$ mice by qRT-PCR. *Pacc1*-floxed (*Pacc1*$^{fl/fl}$) and *LysM-Cre* mice

were crossed for targeted deletion of *Pacc1* in myeloid cells, and macrophages were FACSorted from

the PL of naïve mice. (**M**) Sepsis survival following *E. coli* infection as in A (n=11-14 mice/group, 2 pooled

experiments). (**N**) CFUs in PL after 6 h by serially diluted plated cultures. (**O**) Endotoxemia survival with

low-dose (8 mg/kg b.w.) LPS (n=14 mice/group). Parameters determined by blood analyzer in mice with

low-dose endotoxemia after 24 h, including (**P**) immune cell counts and (**Q**) blood parameters. Data

represent ≥2 independent experiments and show one symbol per mouse, mean±SEM, *P<0.05,

**P<0.01, ***P<0.001, ns=not significant, Student's t-test (**C-F, J, L, N, P, Q**), or Mantel-Cox log-rank test

(**B**, **H**, **I**, **M**, **O**).

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